CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFICEUSEONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Dayley NICKNAME LAST	nd Travis suffix	Abilene City Secretary APR 0 5 2019
4 ORIGINAL REPORT TYPE	January 15 Rue July 15 Exc 30th day before election 15t ap	ceeded \$500 limit th day after treasurer appointment (officeholder only) nal report	Filed for Record Date Hand-delivered or Date Postmarked Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year HROUGH $3/25/19$	Date Processed Date Imaged
6 EXPLANATION OF CO			
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Swom to and subscribed before me, by the said Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Printed name of officer administering oath Title of officer administering oath			
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Vavis (vavlv		3 Filer ID (Ethics Commission Filers)	
4 Date 3 - 19	5 Payee name PINC GOOSE M	ledia		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#3,031	2602 Barrow St.	Abilene;	Tx. 79405	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) For Media purposes i filming		utside of Texas. Complete Schedule T.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
Jan 3/4+	Sally's Printing			
Amount (\$)	Payee address; City; State; Zip Code			
¥1,278·33	1942 Industrial	Blvd Ab	il eve Tx.79602	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	les us	Check if travel out	tside of Texas. Complete Schedule T,	
OF EXPENDITURE	tor mailing i	Check if Austin,	, TX, afficeholder living expense	
	for mailing i. printing.			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (3 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI DAYLEND TVANS NICKNAME CAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2417 POST Oak Abileme, Tx 791605 AREA CODE PHONE NUMBER EXTENSION (325) 201 5878	Abilene City Secretary APR 0 4 2019 Filed for Record Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Callie NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	e, K. Falios
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (326) 513 9434	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month THROUGH	25 / 19
11 ELECTION	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (il any) 13 OFFICE SOUGHT (if known) City Co	mail Place
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR SIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME Friends of Trans Crave COMMITTEE ADDRESS Callie Harris COMMITTEE CAMPAIGN TREASURER NAME 1618 Woodridge Abile COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL F		
TOTALS	PLEDGE 2. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S.S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19 895
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,309.33
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjutrue and correct and includes all information under Title 15, Election 96te. Signature of Candida	tion required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE	V	
Sworn to and subscr day of APV	1.0	y the said DAYLEND TRAVIS CAA o certify which, witness my hand and seal of office.	YEAthis the
Signature of officer as	dministering oath	Printed name of officer administering oath	NOTARY PUBLIC Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,895	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4309.33	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	эн \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		
		-	

MC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Out-of-state PAC (ID#:_ 7 Amount of contribution (\$) \$500.00 City; State; Zip Code Ablene 8 Principal occupation / Job title (See instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$20.00 City; State; Zip Code Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 5000 0001B Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Whn & Dotte Ingalshe 6 Contributor address; City; State; Zip Code Out-of-state PAC (ID#: Date Amount of contribution (\$) \$100.00 Donor Relations Mª MUMIN University Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 5300,00 Employer (See Instructions) Pediatrician Out-of-state PAC (ID#: Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Dout-of-state PAC (ID#: 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code STOD.OU Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Stuen Edulanu Sitzls Contributor address; City; State; Zip Code 4-4-2019 \$300.00 742 Sandpiper St. Abilling. Tx. 79402 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) Denise Koepke Contributor address: 550.00 2415. Pioneer Dr. Abilung Tr. 79605 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$200.00 Dr. PHOLLINA Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) 4-4-2019 \$75.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) State; Zip Code 5150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Innisbrook Dr. Abilene Tx. Much Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Out-of-state PAC (ID#: 7 Amount of contribution (\$) Abilun. Tx. 79401 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) \$100.00 OUNSCION Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) Allan & Emily Meador Contributor address; City; \$100.00 D Woodland Tr. Abilene Principal occupation / Job title (See Instructions)

Forms provided by Texas Ethics Commission

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Craver	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4-4-2019	BOW DOWN RINGWOOD 6 Contributor address; City; State; Zip Code	\$100.00
9 Briggingt conv	PSUVYLY Sq. Holly Tx. Puol pation / Job title (See Instructions) 9 Employer (See Instruc	
Account		tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4-4-2019		\$100.00
	1850 Hickory #102 Hallny, Tx. 79401	
Principal occup Physical	eation / Job title (See Instructions) Employer (See Instruc	tions)
· HOLDICAC		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-4-19	TUCKEY & GINA BYICIWEII Contributor address; City; State; Zip Code	\$250.00
	1425 Tanglewood Abilyne. Tx. 79405	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
	THOO BUTTON	114.001.6.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-4-2019	OSEPH Edwin Canon Contributor address; City; State; Zip Code	\$300.00
	102 Travewood Cir. Abilene Tx. 791115	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	′
	Tejon Explora	thon
- 0.00	000 NG	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Out-of-state PAC (ID# 7 Amount of contribution (\$) Russell & Jane Blood \$500.00 Abilene. 8 Principal occupation / Job title (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) nsurance Date Amount of contribution (\$) out-of-state PAC (tD \$100.00 State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	<u> </u>		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule At:		
2 FILER NAME Travis Crayer	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)		
4-4-2019 LAWYENCE GIU 6 Contributor address; City; State; Zip Code	\$100.00		
1204 WHE Way Cr. Abolene, Tx. 7960			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4-4-709 Hillary MOVE Contributor abdress; City; State; Zip Code	(6)		
Contributor address; City; State; Zip Code	\$100.00		
2033 Brookhaven A. Abilene Tx. Muss			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)		
4-4-209 Contributor address; City; State; Zip Code	\$100.00		
2012 Brookhaven St. Abilene. Tx .79405	4.0		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date Full name of contributor	Amount of contribution (\$)		
4-4-209 Paw & Gail Thames Contributor address; City; State; Zip Code	\$100.00		
1217 Elminood Or. Abiling. TX. 79605	4100.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona			

SCHEDULE A1

The Instruction Guide explains how to complete this form.	pages Schedule A1:		
2 FILER NAME Travis Craver	D (Ethics Commission Filers)		
A Data	unt of contribution (\$)		
4-3-2019 Robert & Gayle Gray 6 Contributor address; City; State; Zip Code	\$ 50.00		
1917 Elmwood Dr. Abilene, IX-79605			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
	unt of contribution (\$)		
	\$ 100.00		
1834 Elmwood Dr. Abilene, TV. 79605			
Principal accupation / Job title (See Instructions) Finding the properties of the p	uth		
Date Full name of contributorout-of-state PAC (ID#:) Amol	unt of contribution (\$)		
4-3-2019 Roger Terri Russell Contributor address; City; State; Zip Code B11	00.00		
5317 Knollwood Dr. Abilene, TX. 79606	125		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Roger Russell Ph.D.			
Date Full name of contributor out-of-state PAC (ID#: Amor	unt of contribution (\$)		
4-4-2019 Brian & Amanda Tosgood Contributor address; City, State; Zip Code \$2	50.00		
1290 Lancelot Rd. Aldlene, TX.			
Principal occupation / Job title (See Instructions) Dentist & Office Admin. Employer (See Instructions) Self & ACS			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Craver	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4-3-2019	Darrel Knight 6 Contributor address; City; State; Zip Code	\$100,00
	717 Pollard Rd Abilene, TX. 79602	
8 Principal occu	Patient don title (See instructions)	oly Company
Date	Full name of contributor	Amount of contribution (\$)
4-3-2019	Eddy & Dec Ann Corry Contributor address; City; State; Zip Code	\$50.00
	242 Winchester Tuscola, TX. 79562 ation / Job title (See Instructions) Employer (See Instructions)	2
Principal occup	Employer (eds manus	ive Baptist Ch.
Date	Full name of contributor	Amount of contribution (\$)
4.3.2019	Cynthia Pearson Contributor address; City; State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4.3.2019	Kent + Melanie Brown Contributor address; City; State; Zip Code	\$50.00
	1717 River Oals Rd. Abilene, JX. 7960S	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) Self	ilons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	
	If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Travis Craver	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)	
4-3-2019	Brette Jil Teagre 6 Contributor address; City; State; Zip Code	\$250,00	
	18717 Saddle Lake Spur Hollene T	L. 791002	
_	pation / Job title (See Instructions) 9 Employer	(See Instructions)	
Mysta	an Manager Big C	earning Eye	
Date	Full name of contributor	Amount of contribution (\$)	
4-3-2019	Cade + Katheine Browning Contributor address; City; State; Zip Code	\$200.00	
	40. Box 1600 Abilene IX 7960	4	
l • ' •	eation / Job title (See Instructions) Employer ((See Instructions)	
Lawf	rm		
Date	Full name of contributor	Amount of contribution (\$)	
4-3-209	Contributor address; City; State; Zip Code	\$250.00	
	2210 Bunker Hill Dr. Abitane, TX:	19leo/	
Principal occup	pation / Job title (See Instructions) Employer (F	(See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
4-3-2019	Contributor address; City; State; Zip Code	\$250.00	
	2217 Shoreline Dr. Abilene JX70	7602	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Attorn	ey · CEO Technology company		
	, , , ,	10.56.271 120 1	
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see instruction guide to		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$25.00 AISD ut-of-state PAC (ID#: Date Amount of contribution (\$) \$25.00 Retired Full name of contributor Date ut-of-state PAC (ID# Amount of contribution (\$) 4-3-2019 \$100,00 Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) 4-3-2019 # 100.00 State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Fliers) ravis Craver 7 Amount of contribution (\$) 4-3-209 Evan & Callie Harris 6 Contributor address; City; State; Zip Code \$100,00 8 Principal occupation / Job title (See Instructions) 9 Employee Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) \$ 200.00 Principal occupation / Job title (See Instruction Date Amount of contribution (\$) 4.3-2019 Bart & Lynda Calcote Contributor address; City; State; Zip Code DO.001 B 5282 Wyndham Ct. Abilene, TX. 79606 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Financial Bark ☐ out-of-state PAC (ID#: Date Amount of contribution (\$) West Toxas Rehab + St Full name of contributor Date ut-of-state PAC (ID# Amount of contribution (\$) \$ 100.00 Principal occupation / Job (See Instructions) Govnit Contractor echnologies Date Out-of-state PAC (ID# Amount of contribution (\$) 4-3-2019 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Travis Graver	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4-3-2019 Simmle Keeling City; State; Zip Code	\$500.00
1273 Lancelot Abilene TX. 79602	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru Refred HSV Football Coach	ctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4-3-2019 H. Miller & Diana Richert Contributor address: City: State; Zip Code	# 100,00
Principal countries / Joh Mile (Con Instruction)	
Principal occupation / Job title (See Instructions) Employer (See Instruc	ations)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-3-2019 Jay + Laura Moore Contributor address; City; State: Zip Code	#100.00
601 Amarillo Abilene, TX. 79602	
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-3-2019 Kent Wooli Scroft Contributor address: City; State; Zip Code	\$ 100.80
1818 Woodridge Abilene JX 79605	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1;	
2 FILER NAME	Travis Craver		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	3 (ID#:	7 Amount of contribution (\$)	
			· · · · · · · · · · · · · · · · · · ·	
4.3-2010	Dr. Gary + May Grow 6 Contributor address; City; State		\$ 200.00	
	1427 Tanglewood Rd. A	bilene, TX.7940	5	
	pation / Job title (See Instructions)	9 Employer (See Instruc		
Physi	cian	ENT Spe	cialists	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
	Kirk + Kristi Tharton			
11-2-200	Kirk + Kristi Thacton Contributor address; City: State	; Zip Code	\$250.00	
4-3-2019	_	· '	\$250.	
	3 Saint Andrews Abilene	J. 79606		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
President.		l <u> </u>	Λ	
riestouti-	CCO WOH. GACO	TIVST TIVUNIA	Trust offset	
Date	Full name of contributor out-of-state_PAC	; (ID#;)	Amount of contribution (\$)	
	0 - 1 0 11		Amount of contribution (b)	
4-3-2019	Contributor address; City; State	; Zip Code	\$500.00	
	1609 Elmwood Dr. Abiler	re JX. 79/05		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
			•	
Date	Full name of contributor out-of-state_PAC	: /ID#	Amount of contribution (\$)	
			Through the contribution (b)	
4-3-2019	Neal & Cynthia Coats Contributor address; City; State	; Zip Code	\$100,00	
	17710 Codon Com No ALDI	11 791AL		
1726 Cedar Crest Abilene, IX. 79601				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ne 9000				
	ATTACL ADDITIONAL ACTION			
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instructions.			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Date Amount of contribution (\$) 1250,00 ier + Asso ciates Contractor Date Full name of contributor Out-of-state PAC (ID#; Amount of contribution (\$) 4-3-2019 \$ 25.00 36 Augusta Dr. Ableno TX. 79600 Date Full name of contributor Contributor Adams Contributor address; City; State; Zip Code Amount of contribution (\$) \$ 200.00 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
The instruction Guide explains how to complete t	1 Total pages Schedule A1:			
2 FILER NAME Travis Craver		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributorout-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
4-3-209 6 Contributor address; City; St.	\$125.00			
10 box 3 124 Abile	ne, 1X. 79604			
8 Principal occupation / Job title (See Instructions) Marketing	9 Employer (See Instruct	lons)		
Date Full name of contributor 🔲 out-of-state	PAC (ID#:	Amount of contribution (\$)		
4.3.2019 Dick & Kaye Spald contributor address; States		\$50.00		
1850 Elmwood Dr. Abil	ene DK. 191605			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state (Amount of contribution (\$)		
4-3-2019 Evelyn Bryant City; Sta		\$50.00		
2426 Hollis Dr. Abitene TX. 79665 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) A SSISTANT				
Date Full name of contributor out-of-state if		Amount of contribution (\$)		
4-3-2019 Robert W. Laurie Eagle Contributor address; City; State; Zip Code		\$1000.00		
P.O. Box 3895 Abilene, TX. 79404				
Principal occupation / Job title (See Instructions)	Employer (See Instructi	· 1		
Oil + Gas Producer Clear fork Inc.				
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	ravis Craver	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
4-3-2019	The Conder Company 6 Contributor address; City: State; Zip Code	\$1000.00			
4150 Southwest Dr. Abilene, TX. 79406					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
4-3-2019	Peggy Manning Contribute address; City; State; Zip Code	\$100.00			
	#1 Mesa Ridge Abiliene, TX. 79 406				
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
4.3-2019	Brian + Stacey Yates Contributor address; City State; Zip Code	\$250.0°			
2310 La Cantera Ct. Alálene, TX. 79400					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Abitene Aero					
Date	Full name of contributor	Amount of contribution (\$)			
4-3-2619	Melinda Seale Contributor address; City; State; Zip Code	\$ 500.00			
	38 Muirfield Atalone, TK. 79606				
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4-3-2019 David + Laura Copeland Gontributor address; City; State; Zip Code \$ 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins President Shelton family Date Amount of contribution (\$) Ken + Libby Martin Contributor address; City; State; Zip Code \$ 100,00 Engineer Full name of contributor ut-of-state PAC (ID#;_ Amount of contribution (\$) 4-3-2019 Shannon Cooke Contributor address; City; State; Zip Code 1342 Elmwood Dr. Abilene JX. Pleas Principal occupation / Job title (See Instructions) Employer (See Instru \$500.00 Physician Date Full name of contributor Amount of contribution (\$) Snyder Contributor address City; State; Zip Code \$50.00 1426 Elmwood Dr. Abilone, J.V. 79605 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Kay Spiva 00.00 4 Monarch Dr. Abilenti 8 Principal occupation / Job title (See Instructions) healtor Out-of-state PAC (ID#: Date Amount of contribution (\$) 4-3-2019 \$ 200,00 Homemaker Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) \$ 200.00 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 4-3-2019 Joe & Jana Crawfo Contributor address; City: St. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Flier ID (Ethics Commission Filers) Travis Craver 7 Amount of contribution (\$) \$100.00 1760 River Oaks Rd. Abilene, it. 7960S 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Out-of-state PAC (ID#; Date 4-3-2019 Ron-+ Lorilei Butler Contributor address; City: State: ZIP Code 15 Saint Andrews Abilene, TX. 79606 Amount of contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Date Amount of contribution (\$) 4.3-2019 Jenny Young City; State; ZIp Code \$ 100,00 2325 La Cantera Ct. Abilene, TX. 79600 Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) Cathy Lauve 4-3-209 \$ 250,00 State; Zip Code 2334 Valholla Ct. Abitene, TX. 79600 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements,

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule At:	
2 FILER NAME	Travis Craver		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
4-3-19	6 Contributor address; City; State		\$ 500.00	
	1701 Woodridge Dr. Abil			
8 Principal occu	pation / Job title (See instructions)	9 Employer (See Instruct	tions)	
Date		C (ID#:)	The sale of the sa	
1	_		Amount of contribution (\$)	
4-3-19	Scott Dueser Contributor address; City; State		\$550.80	
	POBOX 701 Abilene, TX	479604		
1 · ^ ·	ation / Job title (See Instructions)	Employer (See Instruct		
<u> </u>	nker	+1/05+ 4°	inan cial	
Date	Full name of contributor		Amount of contribution (\$)	
4.3-2019	Mark & Becky Colman contributor address; City: State 1333 Elmwood Dr. Abile	i; Zip Code	\$ 250.00	
	pation / Job title (See Instructions)	Employer (See Instruct	ilons)	
		<u>Remech</u>		
Date	Full name of contributor ut-of-state PAC	> (ID#:)	Amount of contribution (\$)	
4-3-2019	Dale Doby Contributor address; City; State	; Zip Code	\$ 1000,00	
	2402 Innisbrook Dr. Abi	ilene,7x.79606)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ilons)	
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				